

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE

v.

)
)
) NO. _____
)
)

**APPLICATION TO PROCEED IN FORMA PAUPERIS
WITH SUPPORTING DOCUMENTATION**

YOUR EMPLOYMENT AND INCOME DATA

1. NAME (First Middle Last)

2. BIRTH DATE (mo day yr)

3. SOCIAL SECURITY NO.
- - -

4. PHONE NOS.

5. HOME ADDRESS:

8. CURRENT EMPLOYER: _____

STREET: _____

STREET: _____

APT. NO.: _____

APT. NO.: _____

CITY: _____

CITY: _____

STATE: _____ ZIP CODE: _____

STATE: _____ ZIP CODE: _____

6. HOW LONG AT CURRENT
ADDRESS? _____

9. TELEPHONE NO.: _____

7. OWN OR RENT? _____

10. HOW LONG AT CURRENT
EMPLOYMENT? _____

11. OCCUPATION (Describe what you do)

12. IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT: _____
HOW MUCH DID YOU EARN PER MONTH? _____

13. CURRENT MONTHLY INCOME

Salary or Wages \$

Commissions \$

All Other Sources (Pensions, Soc. Sec.,
Rent, Interest, Dividends, Alimony, etc.): \$

TOTAL \$

SPOUSE'S EMPLOYMENT AND INCOME DATA

1. NAME:

2. BIRTH DATE (mo day yr)

3. SOCIAL SECURITY NO.

4. PHONE NOS.

- -

5. HOME ADDRESS: (if different from yours)

7. CURRENT EMPLOYER: _____

STREET: _____

STREET: _____

APT. NO.: _____

CITY: _____

CITY: _____

STATE: _____ ZIP CODE: _____

STATE: _____ ZIP CODE: _____

8. TELEPHONE NO.: _____

6. HOW LONG AT CURRENT
ADDRESS? _____

9. HOW LONG AT CURRENT
EMPLOYMENT? _____

10. OCCUPATION (Describe what spouse does)

11. SPOUSE'S CURRENT MONTHLY INCOME

Salary or Wages	\$
Commissions	\$
All Other Sources <u>(Pensions, Soc. Sec.,</u> <u>Rent, Interest, Dividends, Alimony, etc.):</u>	\$

TOTAL	\$

NAME OF DEPENDENTS AND INCOME (if any)

Names:	Age:	Relationship:	Living With Whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING
CHILD SUPPORT PAYMENTS (exclude spouse)** \$ _____

**TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE, AND
DEPENDENTS** \$ _____

ASSETS:

CASH \$ _____

CHECKING ACCOUNTS--TOTAL BALANCE (List Banks Below) \$ _____

SAVINGS ACCOUNTS--TOTAL BALANCE (List Banks Below) \$ _____

STOCKS AND BONDS \$ _____

REAL ESTATE--CURRENT FAIR MARKET VALUE
(List Locations Below)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REAL ESTATE \$ _____

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL PERSONAL PROPERTY \$ _____

MOTOR VEHICLES

Year/Make	License No.	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL VALUE OF MOTOR VEHICLES

\$ _____

DEBTS OWED TO YOU (Give Name of Debtor)

_____	\$ _____
_____	\$ _____

TOTAL DEBTS OWED TO YOU

\$ _____

OTHER ASSETS (ITEMIZE)

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL OTHER ASSETS

\$ _____

TOTAL ASSETS

\$ _____

LIABILITIES:

NOTES (LOANS) PAYABLE TO BANKS (List Banks and Amount of Loans)

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LOANS PAYABLE TO BANKS

\$ _____

NOTES (LOANS) PAYABLE TO OTHERS

\$ _____

MORTGAGES PAYABLE ON REAL ESTATE

\$ _____

CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS

\$ _____

MEDICAL BILLS

\$ _____

TAXES AND ASSESSMENTS PAYABLE

\$ _____

OTHER LIABILITIES (Itemize)

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LIABILITIES \$ _____

LIVING EXPENSES:

	<i>Monthly Payment</i>	<i>Balance Owing</i>
RENT or MORTGAGE PAYMENT (Indicate Which)	\$ _____	\$ _____
UTILITIES		
a. Electricity	\$ _____	\$ _____
b. Water	\$ _____	\$ _____
c. Gas	\$ _____	\$ _____
d. Telephone	\$ _____	\$ _____
e. Other	\$ _____	\$ _____
FOOD	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
CHILD CARE	\$ _____	\$ _____
SCHOOL EXPENSES	\$ _____	\$ _____
AUTOMOBILE NOTE	\$ _____	\$ _____
AUTOMOBILE INSURANCE	\$ _____	\$ _____
AUTOMOBILE REPAIRS	\$ _____	\$ _____
GASOLINE	\$ _____	\$ _____
FURNITURE NOTE	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
CABLE TELEVISION	\$ _____	\$ _____
LIFE INSURANCE	\$ _____	\$ _____
HOSPITALIZATION INSURANCE	\$ _____	\$ _____
DOCTORS	\$ _____	\$ _____
DRUGS	\$ _____	\$ _____
CREDIT CARDS (LIST/MONTHLY PAYMENTS)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
OTHER CHARGE ACCOUNTS OR CREDITORS	\$ _____	\$ _____
TAXES	\$ _____	\$ _____
ANY OTHER DEBTS (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

Date

Signature